



Practitioner's Docket No. U 015118-6

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Govindan RAJAMOHAN, et al

Application No.: 10/814,850

Group No.: 1652

Filed: March 31, 2004

Examiner: Malgorzata A. Walicka

For: METHOD FOR OXYGEN REGULATED PRODUCTION OF RECOMBINANT STAPHYLOKINASE

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

STATEMENT OF BIOLOGICAL CULTURE DEPOSIT

WARNING: Submission of a letter related to a biological deposit after a Notice of Allowance may subject an application to a reduction in patent term adjustment under 37 C.F.R. 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 26, 2001.

I, CLIFFORD J. MASS
Name of Applicant or Assignee or Assignee's representative

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is **mandatory**;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☒ with sufficient postage as first class mail.

- ☐ as "Express Mail Post Office to Address"
Mailing Label No. _____ (mandatory)

TRANSMISSION

- ☐ transmitted by facsimile to the Patent and Trademark Office to (571)-273-8300.

Signature

Date: April 30, 2007

CLIFFORD J MASS
(type or print name of person certifying)

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b).
"Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will **not** be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

1. That the following culture(s) referred to in the specification of this application have been deposited:

2. That the date of the above deposit is:

[X] before the U.S. filing date of this application.

3. That the name and address of the depository is:

Name of depository

Address of depository

(complete a, b or c below)

- WARNING:** *If the applicant himself or a competent third party makes the statement that the microorganism is viable and is capable of reproduction, if appropriate, then the tests must have been performed on a sample certified to have been (1) received by the depository with the same samples actually deposited and (2) promptly returned to applicant.*

5. That, with respect to the permanence of the culture(s) deposit:

(complete a, b, or c)

- a. ☒ the depository is an official depository, in accordance with the Budapest Treaty for the above deposited culture(s).
- b. ☐ the depository affords permanence of the deposit for at least 30 years or at least 5 years after the most recent storage request, whichever is longest.
- c. ☐ evidence that permanent availability of the microorganism is assured is provided in the form of the attached copy of the contract with the above-mentioned depository with respect to the deposited culture(s).

I state that should the microorganism(s) mutate, become nonviable or be inadvertently destroyed, applicants will replace such microorganism(s) for at least 30 years from the date of the original deposit, or at least 5 years from the date of the most recent request for release of a sample or for the life of any patent issued on the above-mentioned application, whichever period is longer.

6. That, with respect to availability of the culture(s), I state that the deposit has been made under conditions of assurance of (a) ready accessibility thereto by the public if a patent is granted whereby all restrictions to the availability to the public of the culture so deposited will be irrevocably removed upon the granting of the patent (M.P.E.P. 608.01 (p)), and (b) access to the culture will be available during pendency of the patent application to one determined by the Commissioner to be entitled thereto under 37 C.F.R. section 1.14 and 35 U.S.C. section 122.

☐ Evidence of the accessibility of the culture(s) as set forth above is provided in the form of the attached copy of the contract with the above mentioned depository with respect to the deposited cultures.

April 30, 2007

Date

LADAS & PARRY LLP
26 WEST 61ST STREET
NEW YORK, NEW YORK 10023
REG. NO.30,086(212)708-1890

P.O. Address of Signatory

CLIFFORD J. MASS

(type or print name of person signing)

Signature

- ☐ Inventor
☐ Assignee of complete interest
☒ Person authorized to sign on behalf of assignee

(complete the following, if applicable)

(type name of assignee)

Address of assignee

Title of person authorized to sign on behalf of assignee: _____

Assignment recorded in PTO on _____

Reel _____ Frame _____

A "STATEMENT UNDER 37 C.F.R. 3.73(b)" is attached.

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

To Sri G.Rajamohan Scientist Institute of Microbial Technology Sector - 39A Chandigarh - 160 036. INDIA NAME AND ADDRESS OF THE DEPOSITOR	RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT issued pursuant to Rule 7.1 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified at the bottom of this page
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I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: <i>E.coli</i> pRM1	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: MTCC 5146
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I above was accompanied by : <input checked="" type="checkbox"/> a scientific description <input type="checkbox"/> a proposed taxonomic designation (Mark with a cross where applicable)	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I above, which was received by it on _____ (date of the original deposit) ¹	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on <u>19.03.2002</u> (date of the original deposit) and a request to convert the original deposit under the Budapest Treaty was received by it on <u>25.03.2004</u> (date of receipt of request for conversion)	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: Dr. G.S.PRASAD Address: Microbial Type Culture Collection & Gene Bank Institute of Microbial Technology Sector 39-A, Chandigarh - 160 036 India	MTCC-an IDA <i>GSP</i> Institute of Microbial Technology Sector 39-A, Chandigarh - 160 036 INDIA Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Date: <u>30.03.2004</u>

¹ Where Rule 6.4(d) applies, such date is the date on which the status of International Depositary Authority was acquired

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Sri G.Rajamohan Scientist Institute of Microbial Technology Sector - 39A Chandigarh - 160 036. INDIA</p> <p align="center">NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</p>	<p>VIABILITY STATEMENT issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified on the following page</p>
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<p>I. DEPOSITOR</p> <p>Name: Sri G.Rajamohan Address: Scientist Institute of Microbial Technology Sector - 39A Chandigarh - 160 036. INDIA</p>	<p>II. IDENTIFICATION OF THE MICROORGANISM</p> <p>Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY</p> <p align="center">MTCC 5146</p> <p>Date of the deposit or of the transfer:</p> <p align="center">30-03-2004</p>
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III. VIABILITY STATEMENT	
The viability of the microorganism identified under II above was tested	
on <u>29.03.2004</u>	² on that date, the said microorganism was
<input checked="" type="checkbox"/> ³ viable	
<input type="checkbox"/> ³ no longer viable	

¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴

V. INTERNATIONAL DEPOSITARY AUTHORITY

Name:

Dr. G.S. PRASAD
Microbial Type Culture & Gene Bank

Address:

Institute of Microbial Technology
Sector 39-A, Chandigarh - 160 036
India

G S Prasad
MTCC-an IDA
Signature of person having the power to represent the
International Institute of Microbial Technology
official(s)
Sector 39-A, Chandigarh-160 036
INDIA
Date: 30.03.2004

⁴ Fill in if the information has been requested and if the results of the test were negative.

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

To

Sri G.Rajamohan
Scientist
Institute of Microbial Technology
Sector - 39A
Chandigarh - 160 036. INDIA

NAME AND ADDRESS OF THE DEPOSITOR

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
Identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM

Identification reference given by the DEPOSITOR:

E.coli pOXYSAK1Accession number given by the
INTERNATIONAL DEPOSITARY AUTHORITY:

MTCC 5147

II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION

The microorganism identified under I above was accompanied by :

☒ (X) a scientific description☐ () a proposed taxonomic designation

(Mark with a cross where applicable)

III. RECEIPT AND ACCEPTANCE

This International Depositary Authority accepts the microorganism identified under I above,

which was received by it on _____ (date of the original deposit)¹**IV. RECEIPT OF REQUEST FOR CONVERSION**

The microorganism identified under I above was received by this International Depositary

Authority on 19.03.2002 (date of the original deposit) and a request to convert the originaldeposit under the Budapest Treaty was received by it on 25.03.2004 (date of receipt of request for conversion)**V. INTERNATIONAL DEPOSITARY AUTHORITY**

Name: Dr. G.S.PRASAD

Address:
Microbial Type Culture Collection & Gene Bank
Institute of Microbial Technology
Sector 39-A, Chandigarh - 160 036
India

G S Prasad
MTCC-an IDA
Signature(s) of person(s) having the power to represent the
International Depositary Authority (s):
Institute of Microbial Technology
Sector 39-A, Chandigarh-160 036
Date: INDIA 30.03.2004

¹ Where Rule 6.4(d) applies, such date is the date on which the status of International Depositary Authority was acquired

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Sri G.Rajamohan Scientist Institute of Microbial Technology Sector – 39A Chandigarh – 160 036. INDIA</p> <p align="center"><small>NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</small></p>	<p>VIABILITY STATEMENT issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified on the following page</p>
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I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
<p>Name: Sri G.Rajamohan</p> <p>Address: Scientist Institute of Microbial Technology Sector – 39A Chandigarh – 160 036. INDIA</p>	<p>Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY</p> <p align="center">MTCC 5147</p> <p>Date of the deposit or of the transfer:</p> <p align="center">30-03-2004</p>

III. VIABILITY STATEMENT
<p>The viability of the microorganism identified under II above was tested</p> <p>on <u>29.03.2004</u> ² on that date, the said microorganism was</p> <p><input checked="" type="checkbox"/> ³ viable</p> <p><input type="checkbox"/> ³ no longer viable</p>

¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴

V. INTERNATIONAL DEPOSITARY AUTHORITY

Name:

Dr. G.S. PRASAD
Microbial Type Culture & Gene Bank

Address:

Institute of Microbial Technology
Sector 39-A, Chandigarh - 160 036
India

G S Prasad
MTCC on IDA
Signature(s) of person(s) having the power to represent the
International Depository Authority or of authorised
official(s)
Institute of Microbial Technology

Sector 39-A, Chandigarh-160 036
INDIA

Date: **20.03.2004**

⁴ Fill in if the information has been requested and if the results of the test were negative.

**BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE**

INTERNATIONAL FORM

<p>To</p> <p>Sri G.Rajamohan Scientist Institute of Microbial Technology Sector – 39A Chandigarh – 160 036. INDIA</p> <p align="center">NAME AND ADDRESS OF THE PARTY TO WHOM THE VIABILITY STATEMENT IS ISSUED</p>	<p>VIABILITY STATEMENT issued pursuant to Rule 10.2 by the INTERNATIONAL DEPOSITARY AUTHORITY Identified on the following page</p>
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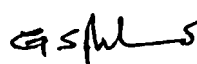
I. DEPOSITOR	II. IDENTIFICATION OF THE MICROORGANISM
<p>Name: Sri G.Rajamohan</p> <p>Address: Scientist Institute of Microbial Technology Sector – 39A Chandigarh – 160 036. INDIA</p>	<p>Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY</p> <p align="center">MTCC 5148</p> <p>Date of the deposit or of the transfer: 30-03-2004</p>

III. VIABILITY STATEMENT
<p>The viability of the microorganism identified under II above was tested</p> <p>on <u>29.03.2004</u> ² on that date, the said microorganism was</p> <p>(X)³ viable</p> <p>()³ no longer viable</p>

¹ Indicate the date of the original deposit or, where the new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).

² In the cases referred to in Rule 10.2(a)(ii) and (iii), refer to the most recent viability test.

³ Mark with a cross the applicable box

IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: Dr. G.S. PRASAD Microbial Type Culture & Gene Bank Address: Institute of Microbial Technology Sector 39-A, Chandigarh - 160 036 India	 <small>Signature of the person holding the power to represent the International Depositary Authority or of authorised official(s).</small> MTCC India Institute of Microbial Technology Sector 39-A, Chandigarh-160 036 INDIA Date: 30.03.2004

⁴ Fill in if the information has been requested and if the results of the test were negative.